NAVY MEDICINE
World Class Care…Anytime, Anywhere

Recovering Warrior Task Force

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Agenda

- WII Overview
- Case Management
- Psychological Health (PH) and PTSD
- Traumatic Brain Injury (TBI)
- Integrated Disability Evaluation System (IDES)

WII Overview

- In response to recommendations from the Congressionally mandated Task Force on Mental Health and the growing repercussions of the conflicts overseas on the US military and their families, Navy Medicine established the Wounded, Ill, and Injured (WII) Program to ensure this population receives the highest quality, customer-focused, and comprehensive care across the warrior lifecycle

- The WII Program is managed by a dedicated code within Navy Medicine's headquarters at the Bureau of Medicine and Surgery (BUMED). It is organized around three primary Lines of Action: Care Coordination, Disability Evaluation System, Psychological Health and Traumatic Brain Injury

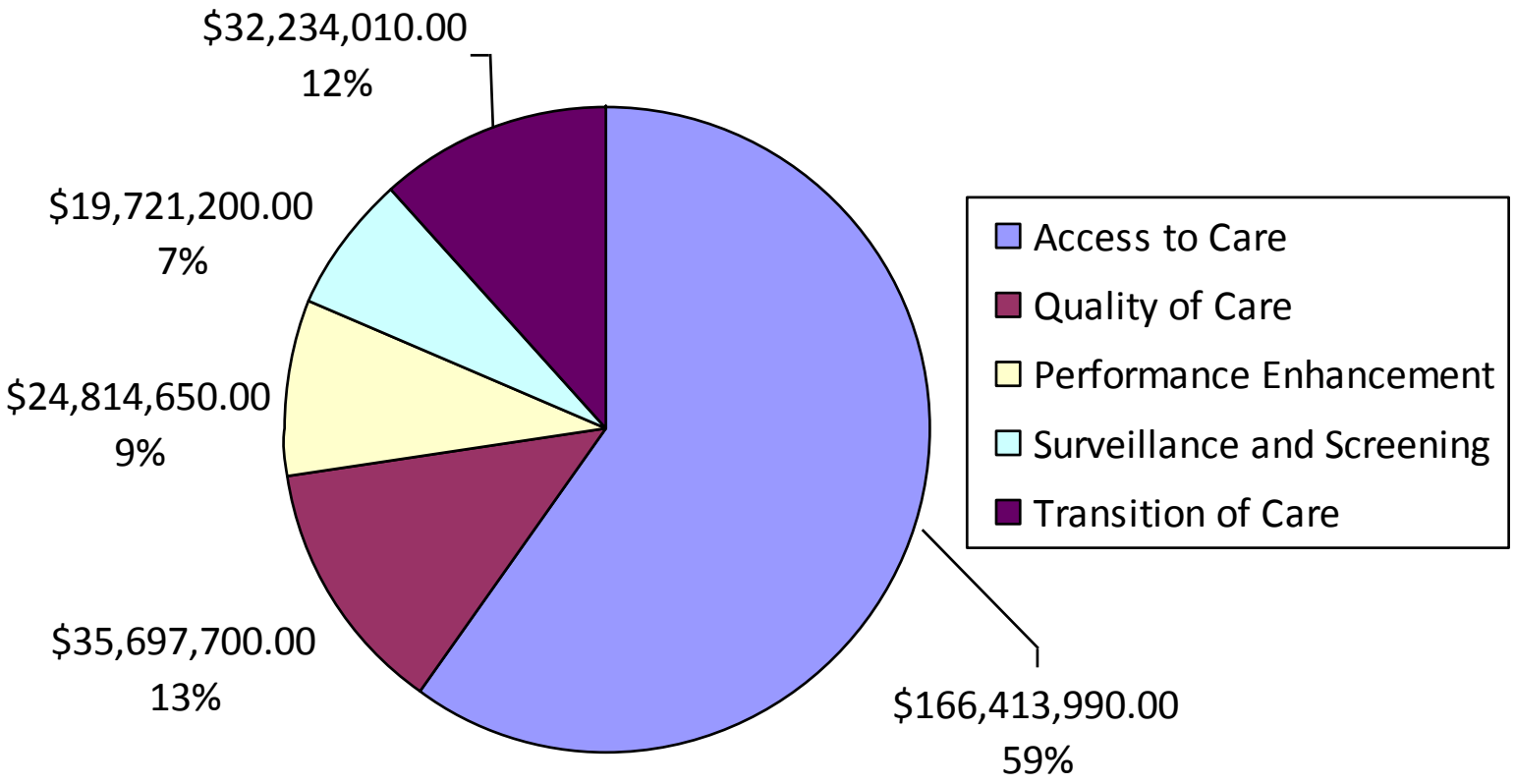
- Program funding is provided from three Congressional funding streams established in support of these efforts: Psychological Health and Traumatic Brain Injury (PH-TBI), Wounded Ill and Injured (WII), and Post-Deployment Health Re-assessment (PDHRA)

WII FY11 Goals and Strategy Overview

Access to Care	Quality of Care	Performance Enhancement	Screening & Surveillance	Transition of Care
Enable timely access to comprehensive healthcare for warriors and their families.	Drive high quality and evidence-based healthcare for warriors and their families.	Build, strengthen, and sustain force health protection and readiness for Sailors, Marines, and their families.	Identify and communicate deployment associated health threats for warriors and their families	Facilitate and promote seamless transitions across the continuum of care.
• Informative Support • Appropriate Staffing • Resources for Effective Decisions • Evidence-based • Acute Care • Chronic Care	• Quality Assurance • Clinical Standards and Practices • Clinical Resources • Clinical Training and Education	• Active Prevention • Early Intervention • At Risk Populations (to include Caregivers and Corpsmen among others) • Collaboration	• Effective and Efficient Communication • Patient Tracking • Accessibility and Quality of Data • At Risk Populations • Major Injuries, Infection, TBI, Psych Health, Non-Battle Injuries and Pain, Med Use, CASEVAC and MEDEVAC, DES	• Timeliness and Coordination • Recovery, Rehab, Reintegration • Improved Systemic Process and Performance in IDES • Integration and Collaboration
Keys to Address - Collaboration between Wounded Ill and Injured (M9), Manpower (M1), and Fiscal (M8) on right mix of staff - Facilities - Telemedicine - WW care and Med Home relationship	**Keys to Address** - Metrics - Ensuring that QA is practice - Tech solutions - Integration and examination of clinical processes - Provider assistance - PHP Vision	**Keys to Address** - Strategic communication - NMPT&E involvement - Gaps in populations served (civilians, etc.) - Maximization and alignment of IT / Tech - Program eval and metrics	**Keys to Address** - Strategic communication - Incomplete data and collection - Medical record non-interoperability	**Keys to Address** - Collaborations with Safe Harbor, WWR, and VA - Role definitions and clarifications - Accounting of Resources - IDES Execution

WII/PH-TBI/PDHRA Funds: Overview

Total FY11 Funds by Domain



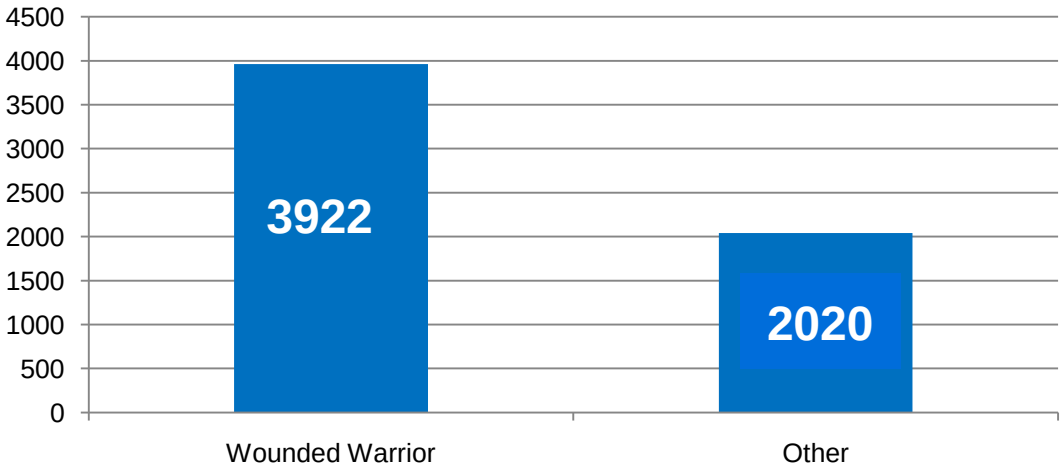
Case Management

Case Management

- Topics:
  - Overview
  - Case Management Process
  - Training
  - Measuring Success
  - Best Practices

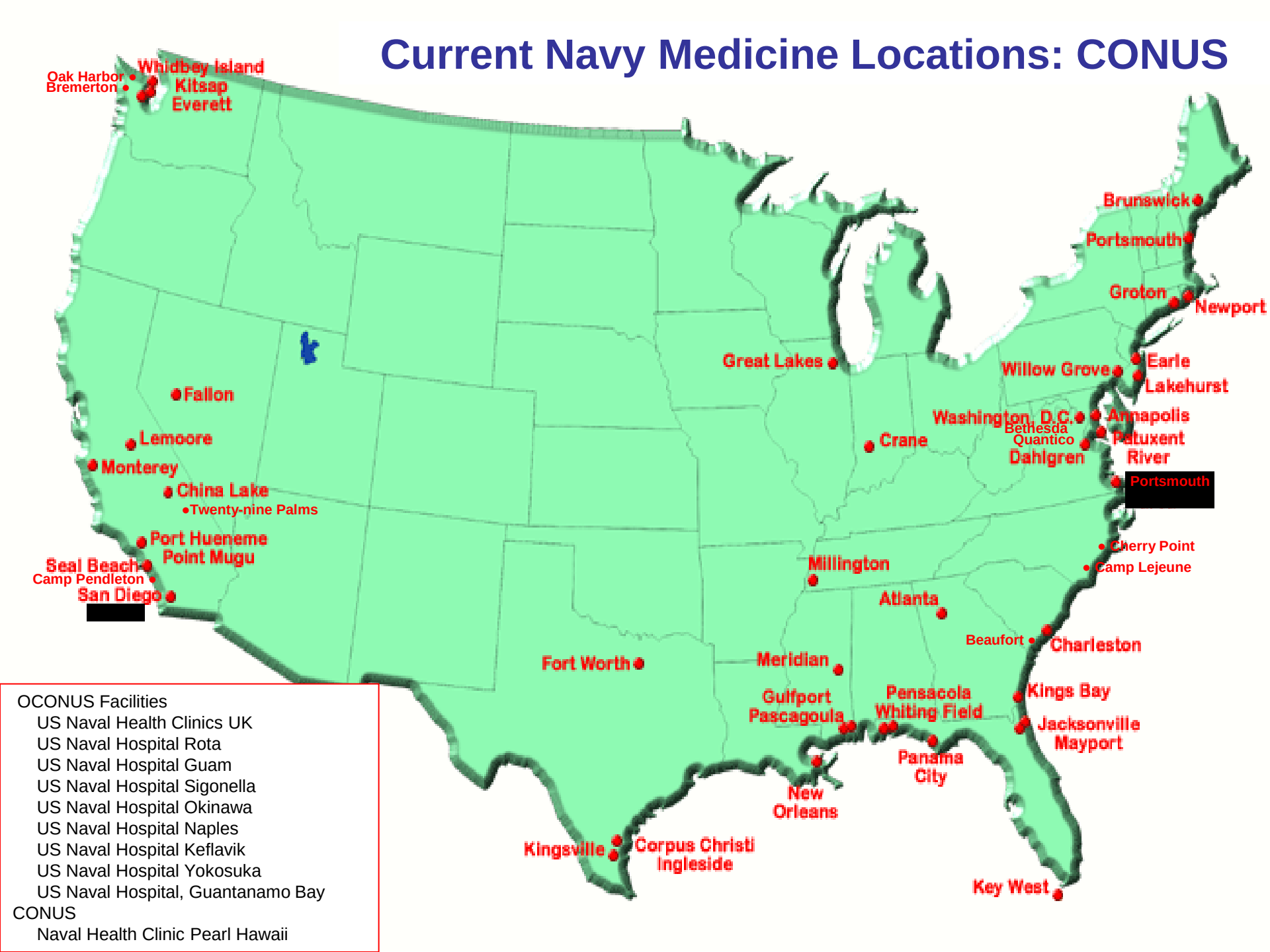
Navy Medicine Case Management

- Care coordination is central to patient care and has always been a priority to Navy Medicine. Increased casualties have highlighted the importance of this issue.
- All Licensed Nurses and Social Workers
- Who Do We Serve?
  - All members/beneficiaries of Armed Forces who come to Navy MTFs and clinics
- Focus is on Wounded Warriors and their families.



Based on data from February 28,2011 SECNAV Report

Current Navy Medicine Locations: CONUS



OCONUS Facilities
- US Naval Health Clinics UK
- US Naval Hospital Rota
- US Naval Hospital Guam
- US Naval Hospital Sigonella
- US Naval Hospital Okinawa
- US Naval Hospital Naples
- US Naval Hospital Keflavik
- US Naval Hospital Yokosuka
- US Naval Hospital, Guantanamo Bay

CONUS
- Naval Health Clinic Pearl Hawaii

Wounded, Ill and Injured (WII) Clinical Case Management Services

- **Service Member Identification:**
  - Service members who meet CAT II and CAT III criteria
  - Service members in LIMDU 180 days or greater
  - Catastrophic illness or injury
  - Complex medical needs
- **Active Case Finding:**
  - Wounded Warrior: TRAC2ES; MTF Admission Report; MED Bolts
  - Active Duty Non-Combat: MTF Admission Report; Managed Care Support Contractor (MCSC) report; Civilian hospital admission report; TRAC2ES

The Multi-Disciplinary Team

- Key Team members
  - Physicians
  - Nurses
  - Social Workers
  - Case Managers
  - FRC/RCC
  - Therapists
  - Chaplains
  - Casualty Affairs
  - Patient Administrators
  - USMC, Navy, Army, Air Force Liaisons
  - VA Liaisons
  - VA Military Services Coordinator

Case Management Training

- To date, over 50% of Navy Case Managers have completed the required 12 MHS Learn Training Modules
- BUMED CAMARDERIE web based trainings monthly
- Case Management Web based Tool Kit
- Standard Case Management Competencies
- Case Management Documentation Review

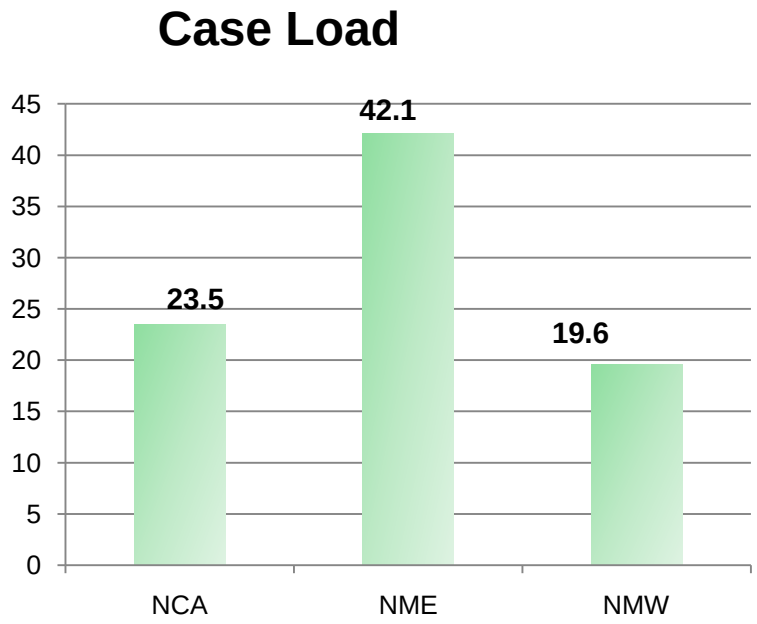
Measuring Success

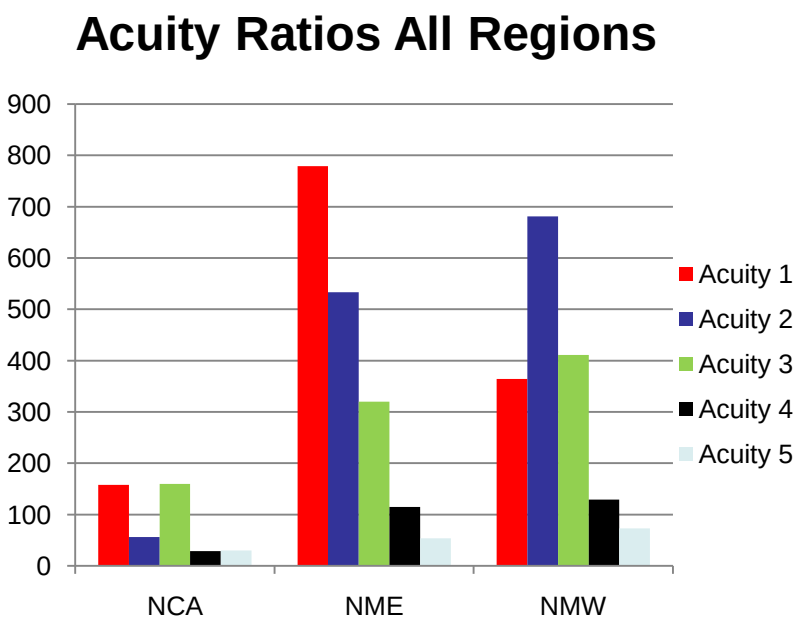
Success is defined as care that is seamless, coordinated, comprehensive, and timely.

- **Measurement:**
  - Case Management evaluation criteria incorporated into BUMED Inspector General assessment form
  - Development of a Case Management Report in the SECNAV Report
  - Awarded the first Platinum Award for the best military case management program
  - Site Visits
  - Navy wide Customer Satisfaction Survey averages 80% or higher for case management services

Case Management Ratios

- Per BUMED Instruction 6300.17 case load can range from 10 – 50 patients per Case Manager depending upon acuity





Case Management Best Practice – NH Jacksonville

- Clinical Case Managers embedded in Deployment Health Center at Naval Hospital Jacksonville
  - Directly responsible for decreasing the average transient times on station by 47%, down from 89 days to 48 in FY 2010.

Psychological Health and PTSD Treatment

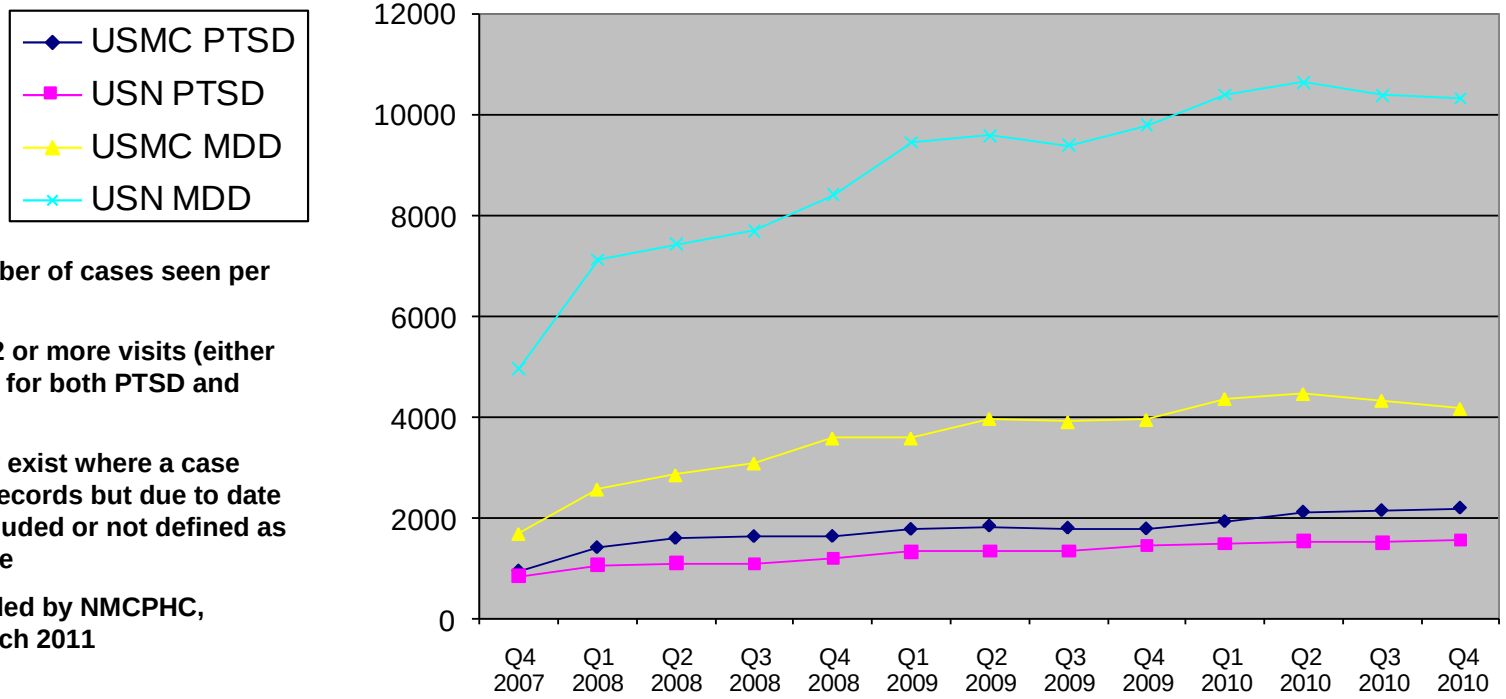
Psychological Health and PTSD Treatment

- Topics:
  - Overview
  - Access to Care
  - Quality of Care
  - Performance Enhancement
  - Surveillance and Screening
  - Transition of Care
  - Sharing Best Practices

PH Data

Prevalence of PTSD and Major Depressive Disorder (MDD) Cases in all beneficiary categories**
01 OCT2007 – 31DEC2010

	Service Branch	Q4 2007***	Q1 2008	Q2 2008	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009	Q1 2010	Q2 2010	Q3 2010	Q4 2010
PTSD	USMC	931	1395	1578	1615	1618	1758	1824	1783	1768	1912	2102	2131	2181
	USN	837	1051	1094	1074	1190	1319	1329	1331	1439	1475	1527	1506	1547
MDD	USMC	1690	2567	2850	3084	3271	3758	3967	3901	3945	4362	4458	4324	4164
	USN	4964	7122	7428	7686	8404	9446	9583	9391	9793	10392	10641	10382	10318



***Prevalence is the number of cases seen per quarter**

****A case is defined as 2 or more visits (either inpatient or outpatient) for both PTSD and MDD**

*****Prevalence bias may exist where a case was defined in earlier records but due to date limitations was not included or not defined as a case at the actual time**

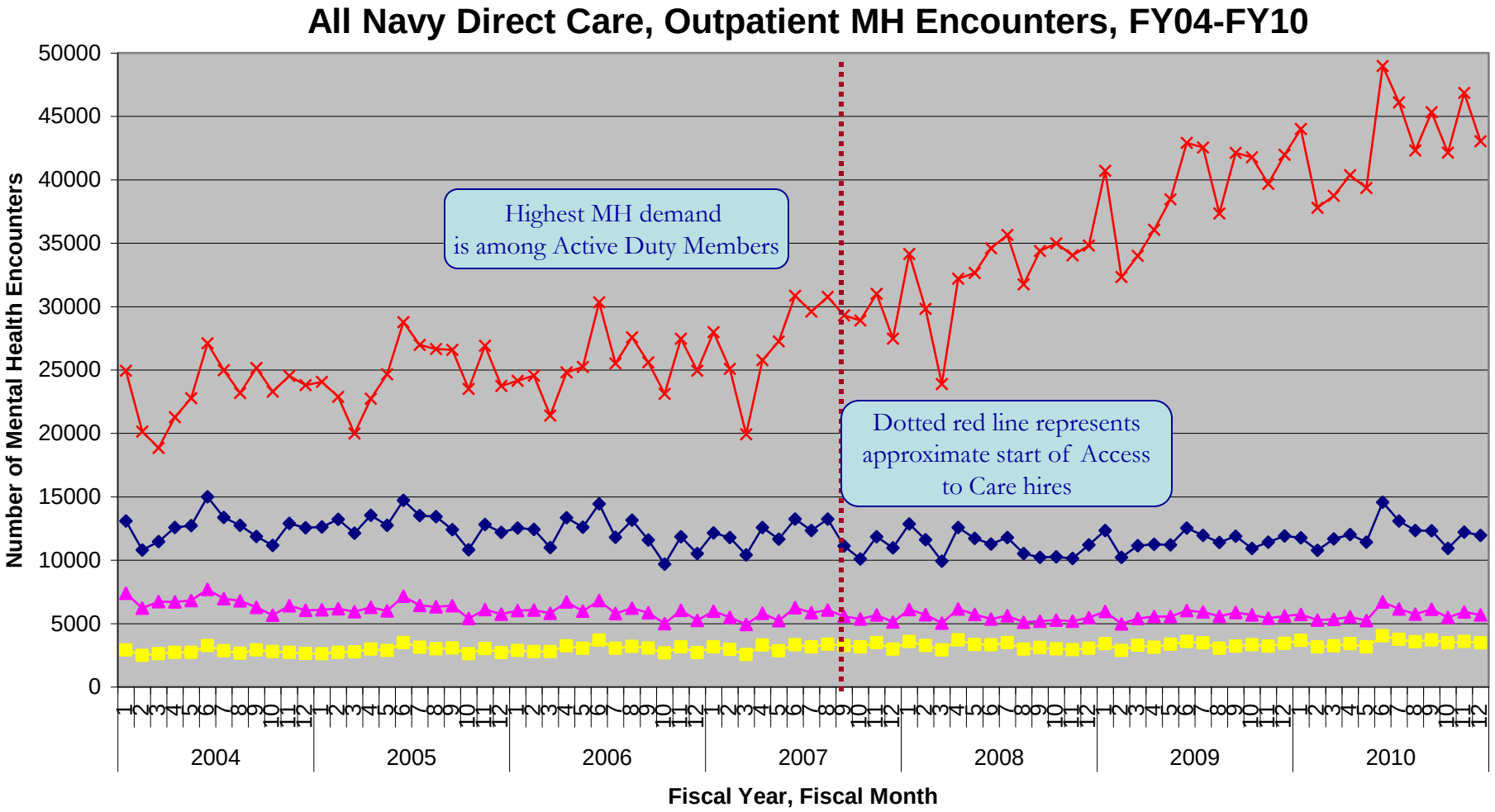
These data were provided by NMCPHC, EpiData Center, 11 March 2011

MDD increase believed to be a matter of better screening, earlier identification, and less stigma in seeking treatment than in prior years—however, could also be due to "tougher war" since surge in AFG in Spring 2010 "causing" more cases (especially for Marines)

PH Access to Care

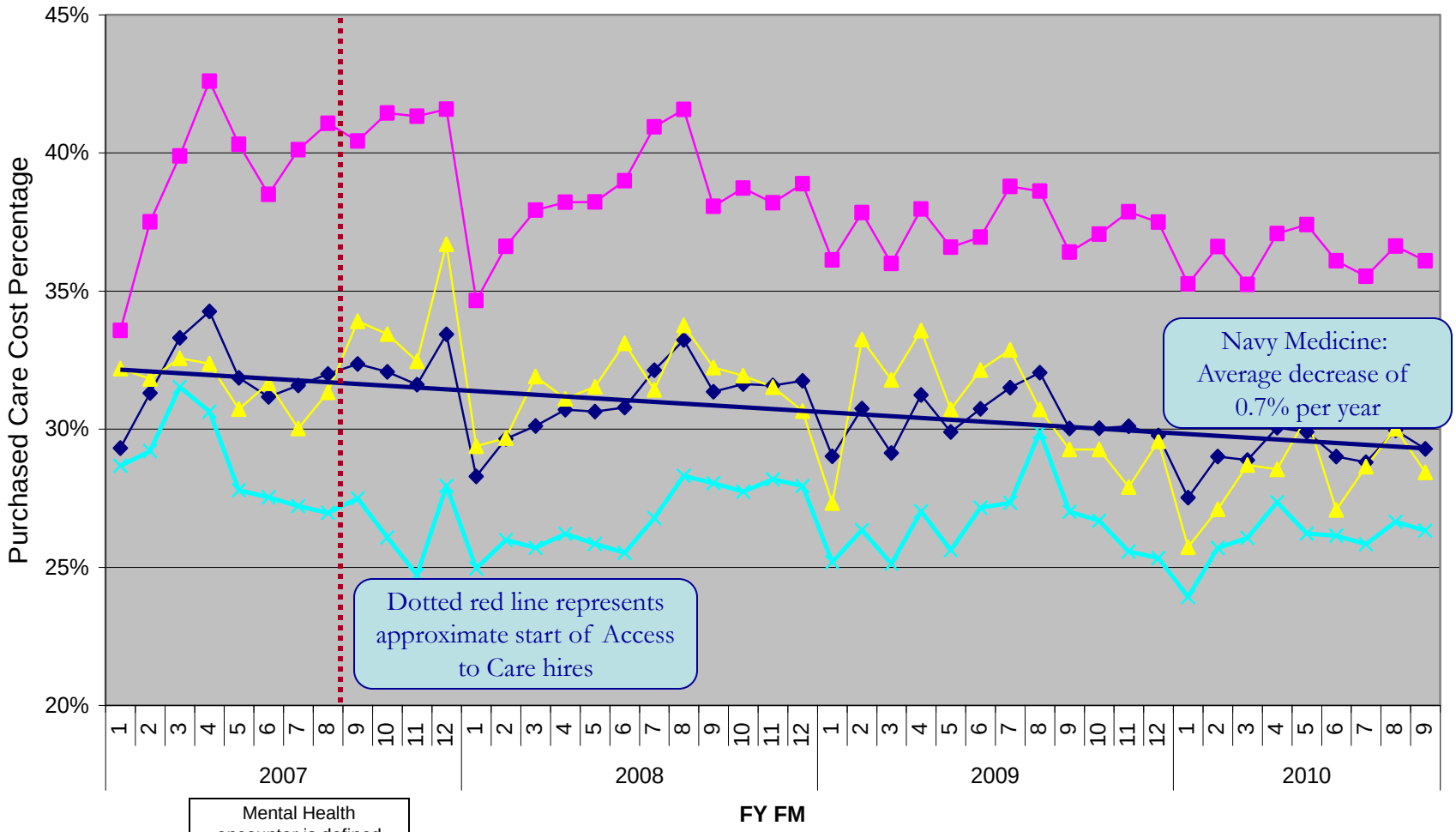
- **Success defined as timely access to comprehensive healthcare for warriors and their families.**
- **Key Initiatives:**
  - As of 17 March 2011, there are 197 PH current active provider and support positions with 171 on board and providing PH services
- **Measures of Success:**
  - Increasing MH care available to those in need; 3 year returns since FY07:
    - 380K additional encounters in direct care from baseline (FY07)
    - Decrease in purchased care percentage
    - $29M in cost avoidance from handling MH encounters with USN facilities rather than “out in town”
      - Able to provide more encounters “in house” due to increase in number of “in house” providers

PH Access to Care (cont.)



PH Access to Care (cont.)

DoN Purchased Care Percentage of MH Cost, by Region FY07-FY10, FM09

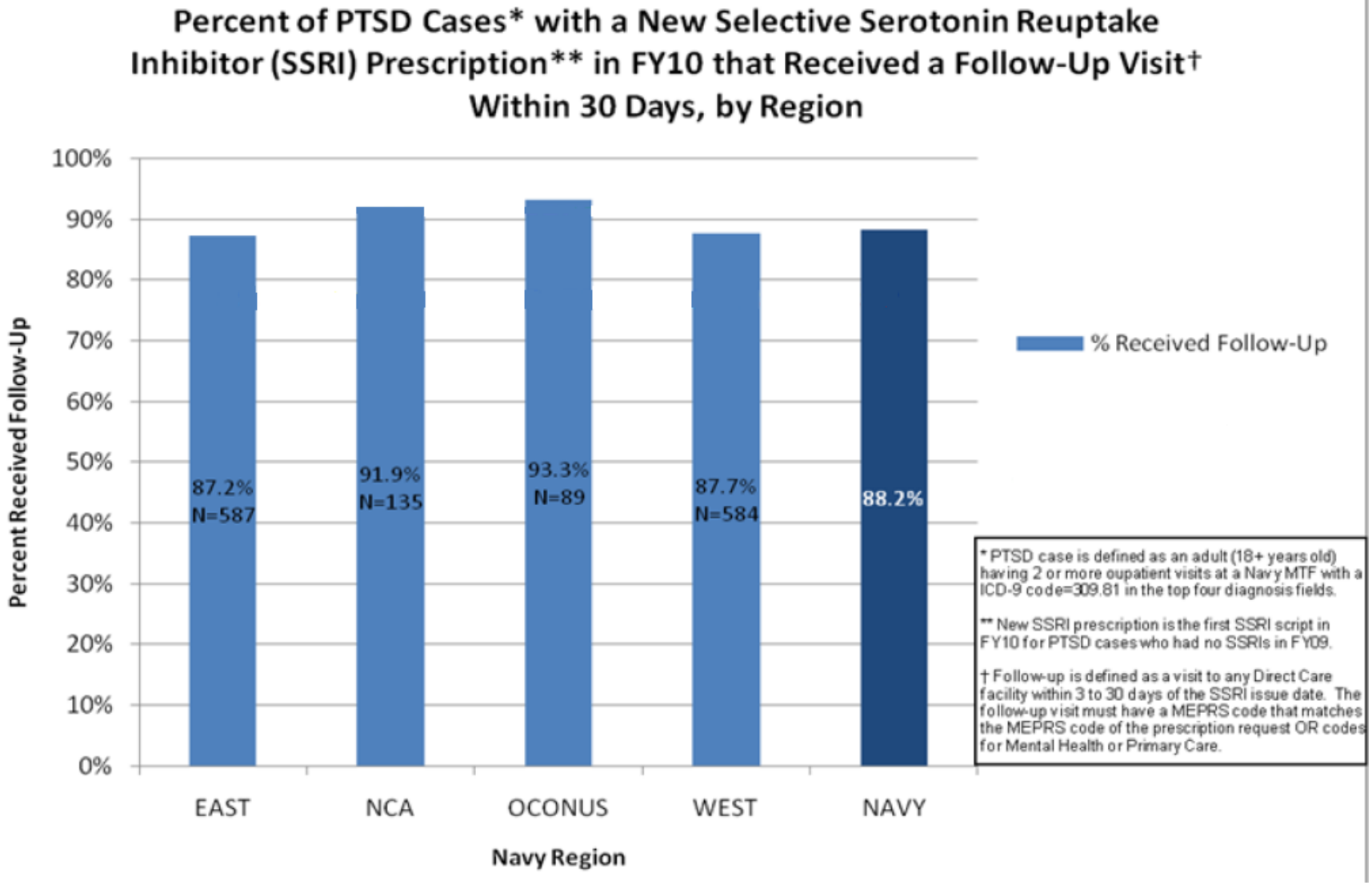


Mental Health encounter is defined as any outpatient encounter with a primary diagnosis for MH, 290-319

PH Quality of Care

- **Success defined as high quality and evidence-based healthcare for warriors and their families**
- **Key Initiatives:**
  - Supported the establishment of the Naval Center for Combat and Operational Stress Control (NC COSC)
  - Developed and tailored course curriculum for Navy primary care residents to expand knowledge of mental health services including alternative therapies such as acupuncture
  - Developed web based training for cognitive processing therapy (CPT) and cognitive behavioral therapy (CBT) to improve clinicians' ability to understand, treat, and address the psych health needs of service members
- **Measures of Success:**
  - 88% of all Navy cases of PTSD who received an Selective Seratonin Reuptake Inhibitor (SSRI) in FY10 had a follow-up visit with their medical provider within 30 days—indicates compliance with VA/DoD clinical practice guidelines for the treatment of PTSD

PH Quality of Care (cont.)



PH Performance Enhancement

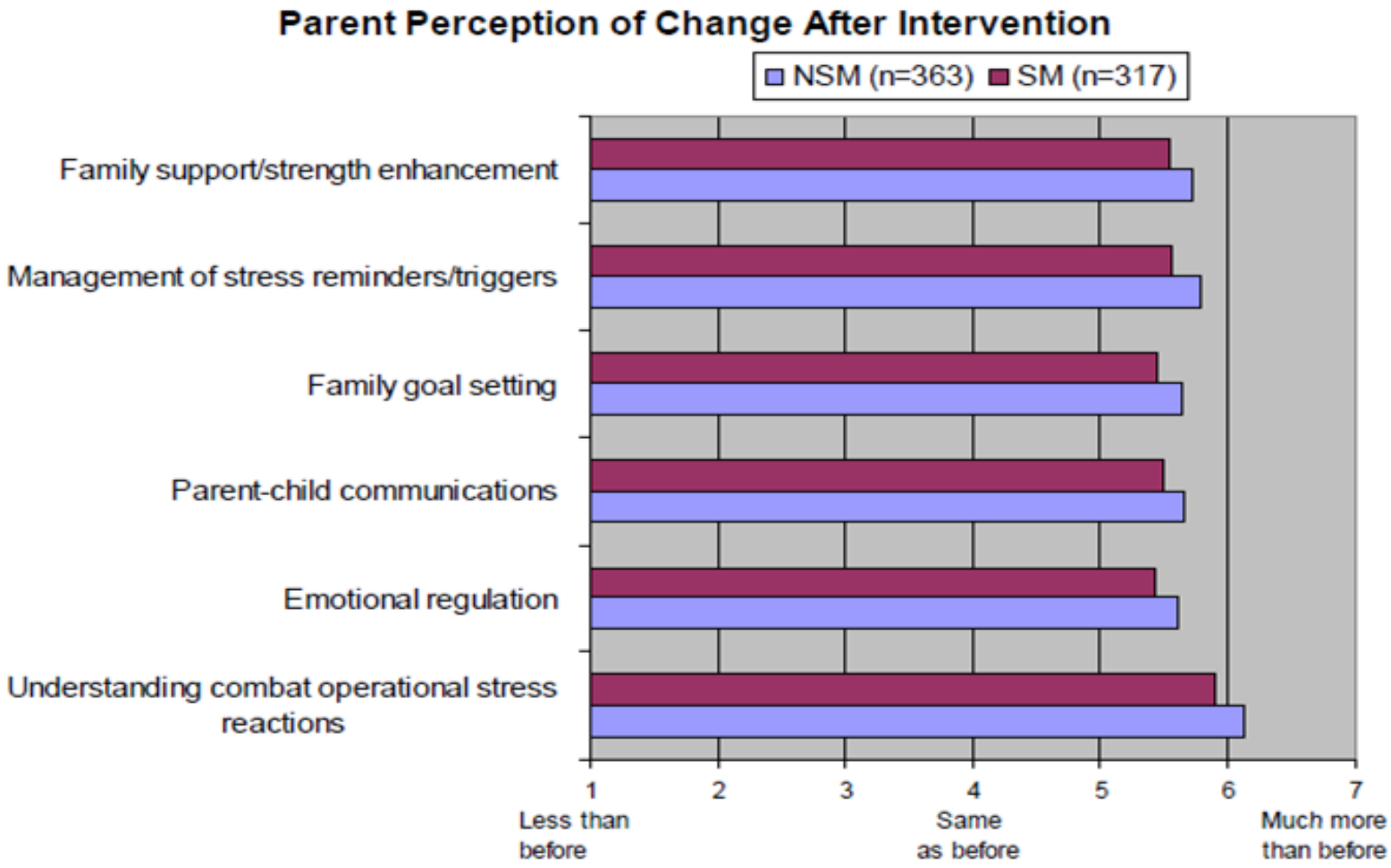
- **Success defined as sustained optimal force health protection and readiness for Sailors, Marines, and their families**
- **Key Initiatives:**
  - Created Combat Operational Stress Control (COSC) model to provide a universal language to address military stresses and practical interventions
  - Created Project FOCUS (Families OverComing Under Stress) to promote the resiliency of our families who face the stresses of deployments
  - Supported Returning Warrior Workshops for Reservists and their families to physically, psychologically, emotionally, socially, and spiritually prepare for post-deployment transitions
  - Established Naval Special Warfare (NSW) Resilience Enterprise to provide pre/post assessments of resiliency along with pre/post-deployment family-centered retreats which focus on physical, psychological, emotional, social, and spiritual health

PH Performance Enhancement (cont.)

- **Measures of Success:**
  - Project FOCUS (Families OverComing Under Stress)
    - More than 12,000 participated in group or direct individual-family services
    - Over 202,778 attendees and participants (including Service Members, Families, Providers, and Community Members) have been recorded at all FOCUS services to date
    - 1,367 families comprised of 2,196 adults and 2,281 children participated in FOCUS Individual Family Resiliency Training
    - Decreased family stress and increased family functioning through Individual Family Resiliency Training as measured by family members' perception of the program's impact
      - Parents reported mean positive changes on such measures as combat operational stress education, family communication, and emotional regulation, ranging from 5.37-6.01 on subscales (1 = least change, 7 = greatest change) indicating overall perception of positive impact across all core program domains—See next slide

PH Performance Enhancement (cont.)

- **Measures of Success (cont.):**



PH Performance Enhancement (cont.)

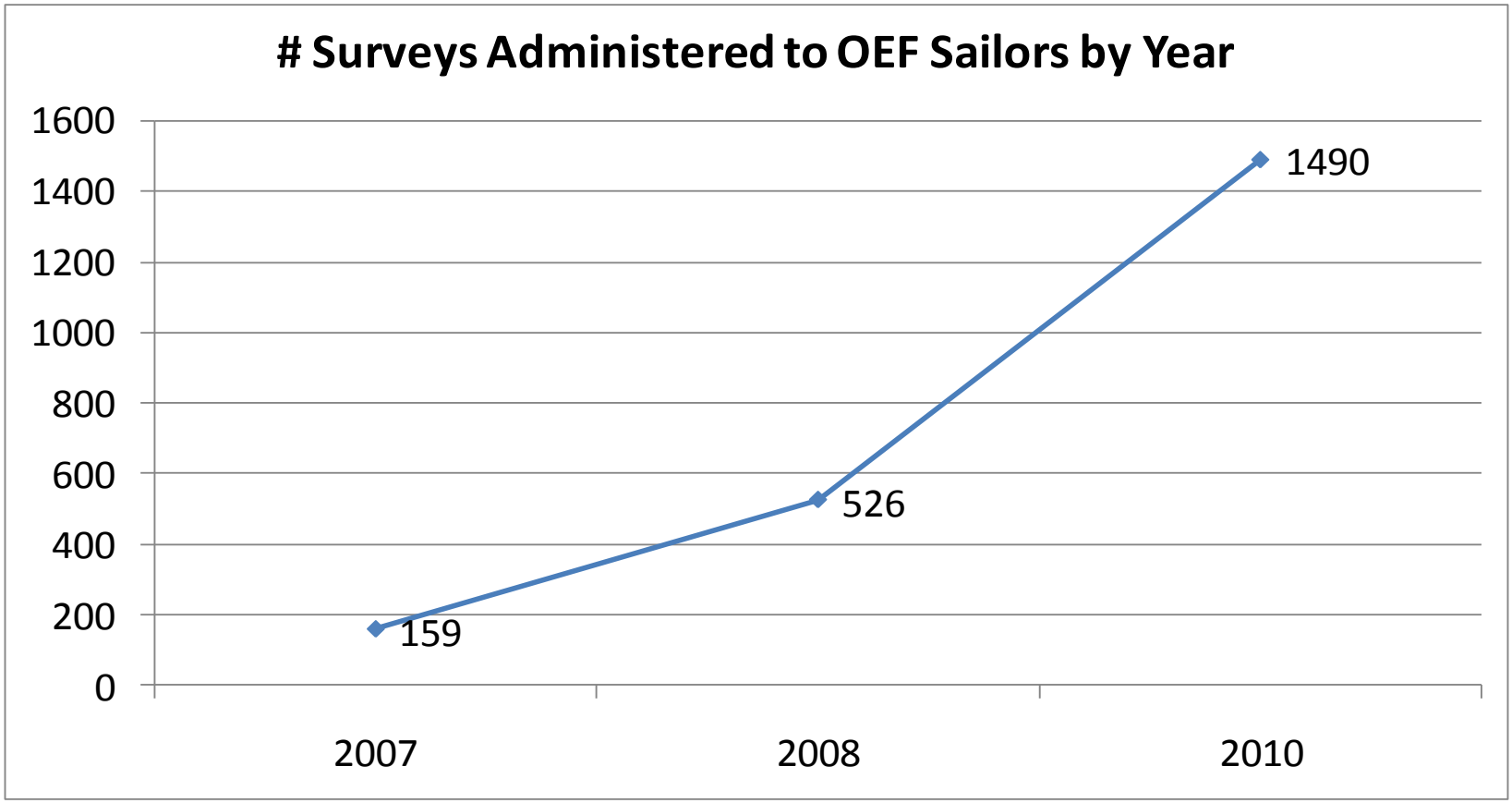
- **Measures of Success (cont.):**
  - OSC (Operational Stress Control) Training
    - Over 206K Sailors have received OSC training to date and formal curriculum was fully deployed at key nodes throughout the career of the Sailor, from accessions to Flag officer in July 2010
    - Decrease in trend with regard to perception of barriers to care per BHNAS data:
      - Related questions on BHNAS show an average decrease in stigma of 6.5% on average between May 2008 and December 2010
      - Significant decreases seen in belief that seeking MH care would “affect my security clearance” (-14%) or “harm my career” (-11%).
  - Caregiver OSC (Occupational Stress Control)
    - Trained 3343 providers to date
    - Training and Response Teams established at major MTFs enterprise-wide to reinforce training and develop response plans for each facility
    - Program already proven effective in addressing OSC with regards to disaster relief and humanitarian efforts—deployed in Haiti, Japan

PH Surveillance and Screening

- **Success defined as identification and communication of deployment health associated health threats for warriors and families**
- **Key Initiatives:**
  - Supported the development of the Combat Trauma Registry (CTR) database as a unique, highly characterized, verified and validated body of expeditionary medical, tactical, and deployment data—the CTR database tracks deployed sick and injured from point of injury / illness through ultimate rehabilitative outcomes, codes casualty encounters on state of the art diagnostic and injury severity taxonomies, and performs high quality outcome studies
  - Supporting Behavioral Health Needs Assessments (BHNAS) to gather and report information on war-zone stressors faced by expeditionary Sailors, focusing on morale, mental health, and work-related problems; Incorporated into the Mobile Care Team currently in use in Afghanistan
  - Invested in resources and capabilities as well as built collaborative relationships with Navy Marine Corps Public Health Center (NMCPHC), Naval Health Research Center (NHRC), and Naval Center for Combat and Operational Stress Control (NC COSC) to develop and analyze measures and metrics related to program, project, and clinical effectiveness

PH Surveillance / Screening (cont.)

- **Measures of Success (cont.):**
  - Behavioral Health Needs Assessment (BHNAS):



**Theatre-wide surveillance not conducted in 2009*

PH Surveillance / Screening (cont.)

- **Measures of Success (cont.):**
  - BHNAS 2010 Mental Health Stigma Items

	% Who "Agree" or "Strongly Agree" MAY-JUL 08	% Who "Agree" or "Strongly Agree" JAN-JUN 10	% Who "Agree" or "Strongly Agree" JUN-DEC 10
My unit leadership might treat me differently	26%	25%	21%
Members of my unit might have less confidence in me	25%	24%	19%
I would be seen as weak	23%	24%	17%
It might affect my security clearance	28%	18%	14%
It would harm my career	25%	19%	14%
It would be too embarrassing	17%	17%	13%
I might be given medicine that would interfere with my ability to do my job	N/A	13%	12%
Psychological problems tend to work themselves out without help	N/A	11%	11%
I don't trust mental health professionals	13%	12%	11%
My leaders would blame me for the problem	13%	9%	9%
	N = 510-513	**N = 845**	**N = 645**

PH Surveillance / Screening (cont.)

- **Measures of Success (cont.):**
  - USN / USMC Combat Trauma Registry (CTR) Database
    - Since Q1 FY11 over 2,500 OEF combat casualties were identified, their medical, tactical, and personnel data assembled, their diagnoses coded in ICD-9, and their injury severities assigned using the abbreviated injury severity scale (AIS-2005) – all data was entered into the CTR Expeditionary Medical Encounter Database
    - 1,000 detailed casualty clinical profiles provided to MARCORSYCOM and PEO Soldier for advanced development and evaluation of PPE design
    - 2,200 detailed casualty clinical profiles provided to National Guard Intelligence Activity and Joint MRAP program office for advanced development of vehicle designs and evaluations
    - 450 detailed casualty clinical profiles provided to Defense Office of Test and Evaluation and the Army Research Lab for developing vulnerability maps for new combat vehicle platforms summarizing strike point location, number of crew injured, and vehicle damage characteristics—data used to create life fire tests and evals tailored to closely approximate the *current* insurgency threat
    - Findings published in “Journal of Trauma”, “Journal of Defense Modeling and Simulation”, “Emergency Medicine Journal”, “New England Journal of Medicine”, “Military Medicine”, etc.

PH Transition of Care

- **Success defined as seamless transition across continuum of care**
- **Key Initiatives:**
  - Established the Psychological Health Outreach Program to promote the overall health and resiliency of Reservists and their families
  - Supported IDES program expansion and training
  - Collaborating with Services/VA to refine DES process
- **Measures of Success:**
  - USN / USMC Psychological Health Outreach Program (PHOP)
    - Reached out to over 2400 RC members in FY10
    - Assessed and made referrals for 1600 Reservists in FY10
    - Made approximately 300 visits to NOSCs providing OSC awareness briefs to over 23,000 RC members and NOSC staff in FY10
  - Returning Warrior Workshops (RWWs)
    - As of 31 December 2010, 66 RWWs have been conducted for 4,630 Returning Warriors and 3,687 Family Members
    - 34 RWWs total are planned for FY11-FY12

Sharing Best Practices

- **Naval Center for Combat and Operational Stress Control (NC COSC)**
  - Major focus is to promote resilience and to investigate and implement the best practices in the diagnoses and treatment of PTSD and TBI
  - Psychological Health Pathways (PHP) standardizes the processes for clinical care programs that promote coordinated, evidence-based, high quality health care
  - Evidence-based curricula and programs in operational stress control designed to train Navy mental health providers, line leaders and warriors at all levels (Mind Lines and Research Quarterly publications; Annual conference)
  - Serves as a clearinghouse for evidence-based knowledge in the accurate diagnosis and administration of effective treatments for military-related stress disorders
- **National Intrepid Center of Excellence (NICoE)**
  - Provides advanced diagnostics, initial treatment, family education, introduction to therapeutic modalities, and referral and reintegration support for military personnel and veterans for complex psychological health issues to include post traumatic stress disorder
  - Conducts research, tests new protocols and provides comprehensive training and education to patients, providers and families

Sharing Best Practices (cont.)

- **BUMED Instruction 6320.99, February 2011**
  - Implements process for identification, analysis, and engagement of advanced diagnostic and therapeutic options for wounded warriors, including opportunities outside the direct care system
  - Includes identification of emerging or advanced clinical practice options, validation of the opportunity as appropriate for our beneficiary population, information dissemination about the opportunities, and care coordination to ensure these options are available to wounded warriors
- **Center for Deployment Psychology**
  - Offers 2 and 3 day mobile workshops that focus on training providers on specific evidence-based treatments for PTSD (Prolonged Exposure Therapy or PE; Cognitive Processing Therapy or CPT)

Sharing Best Practices (cont.)

- **DoD / VA Collaboration**
  - DoD / VA Practice Guidelines for PTSD
  - Navy Medicine continues to work closely with the other Services on the DoD VA Integrated Mental Health Strategy to streamline training and delivery of mental health care across the departments
- **Psychological Health Advisory Board (PHAB)**
  - Advises Bureau of Medicine and mental health communities by means of specialty leaders on range of psychological health issues to include best treatment practices, appropriate mental health documentation, and training

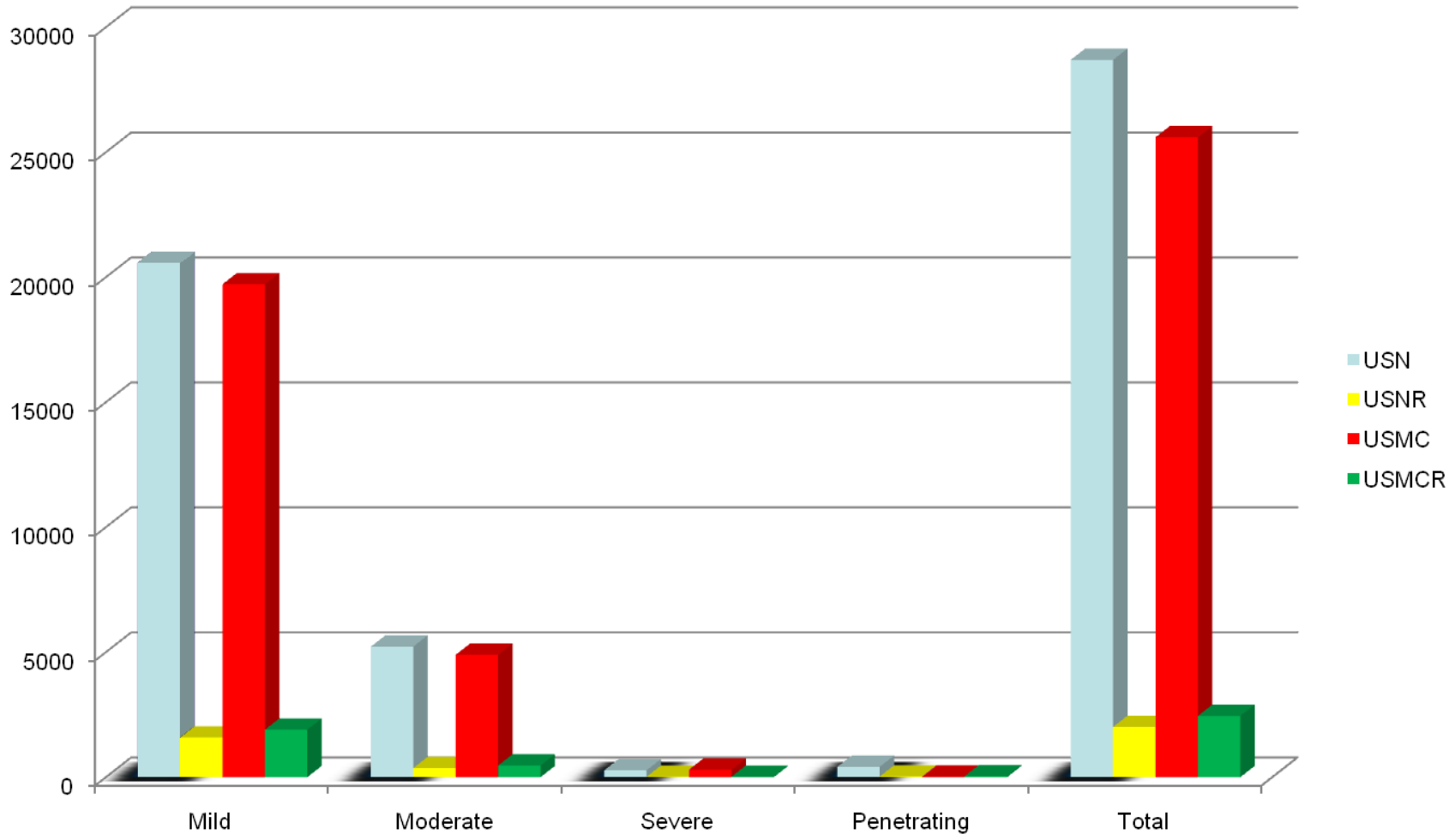
Traumatic Brain Injury

Traumatic Brain Injury

- Topics:
  - Overview
  - Access to Care
  - Quality of Care
  - Surveillance and Screening
  - Transition of Care
  - Sharing Best Practices

TBI Data

TBI Incidence for Navy and Marine Corps, 2000-2010 (through Q3)



TBI Access to Care

- **Success is defined as timely access to comprehensive healthcare for warriors and their families.**
- **Key Initiatives:**
  - As of 17 March 2011, there are 71.5 TBI current active provider and support positions with 57.5 on board and providing TBI services
  - The Concussion Restoration Care Center in Afghanistan provides early multidiscipliary diagnosis and treatment of service members with concussions, musculoskeletal injuries, and associated combat stress.
  - Naval Health Center New England (NHCNE) TBI Program Expansion provides comprehensive TBI care for service members impaired by traumatic brain injuries, and co-morbid issues such as Post traumatic Stress (PTS) and serves a population base of over 150,000 Active Duty, Reserve, and Guard members
  - Supporting TBI Balance and Hearing Equipment Augmentation
  - Comprehensive Combat and Complex Casualty Care (C-5) Program, based in San Diego, manages a severely injured or ill patient from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military, which encompasses TBI care.
  - Development of Office of Neurotrauma (ONT) to coordinate TBI for care for high patient concentration area of Southern California. Concept being adopted at Camp Lejeune.

TBI Access to Care (cont.)

- **Measures of Success:**
  - The Concussion Restoration Care Center has seen 1,975 patients (321 concussions), returned 98% to duty, and MEDEVAC'd only 7 patients from Aug 2010 to Feb 2011; Average return to duty is 13.5 days
  - Provided TBI balance and hearing equipment at the following locations: Naval Medical Center San Diego, Camp Pendleton, Camp Lejeune, and NH Okinawa
  - ONT has worked collaboratively with each Southern California MTF to develop and implement TBI programs with structure, standardized clinical practices (VA/DoD CPG), and data collection/surveillance methods that contribute to defining TBI metrics in the areas of Process, Utilization, and Outcomes
    - Process Metrics: TBI Screening
      - 3 Question TBI Screening Tool,
      - WARCAT (Warrior Administered Retrospective Casualty Assessment Tool
      - TBI Severity Score (mild, moderate, severe)
      - Co-morbid Screening (PCL-M for PTSD and PHQ-9 for Depression)

TBI Access to Care (cont.)

- **Measures of Success (cont.):**
  - ONT has worked collaboratively with each Southern California MTF to develop and implement TBI programs with structure, standardized clinical practices (VA/DoD CPG), and data collection/surveillance methods that contribute to defining TBI metrics in the areas of Process, Utilization, and Outcomes
    - Utilization Metrics: TBI Assessment
      - Early education and reassurance of recovery
      - Identify if Asymptomatic or Symptomatic related to TBI
      - Mini-mental exam
      - Defined Plan for Care of either 12 weeks for asymptomatic or 20 weeks for symptomatic
      - Track utilization of specialty services
      - Interdisciplinary Patient Care Conferences (IPCC) at 5/9/20 weeks
    - ONT is also currently working to define TBI metrics related to patient care outcomes
      - May 2011—NMCSD and NHCP will begin using the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF) to assess health related quality of life for patients with TBI

TBI Access to Care (cont.)

- **Measures of Success (cont.):**
  - In the last 12 months, ONT has provided surveillance for the following Service Members:

MTF	Number Identified					
	USMC	USN	USA	USCG	USAF	Total
NHCP	778	70	3	0	0	**851**
NMCSD	177	126	65	4	1	**373**
NHTP	120	8	0	0	0	**128**
Total	**1075**	**204**	**68**	**4**	**1**	**1352**

TBI Quality of Care

- **Success is defined as high quality and evidence-based healthcare for warriors and their families**
- **Key Initiatives:**
  - Established robust training programs covering TBI, concussion management, the DTM, and interpretation of the ANAM
    - Training delivered to primary care providers, medical specialists, psychologists, and corpsmen
    - Partnered with the CDP conduct just-in-time training for deploying USN / USMC medical officers and corpsmen
    - Trained psychologists and other mental health professionals on interpretation of ANAM for pre-deployment baseline and post-deployment neurocognitive screening; Trained proctors on ANAM administration—testing taking place at 39 sites
  - Providing comprehensive training in theater assessment and management of concussion including use of the Military Acute Concussion Evaluation (MACE), the DoD TBI DTM, and clinical practice guidelines--Over 700 medical officers and corpsmen trained in FY10-FY11
  - Providing funding for service members, particularly Marines, who have sustained TBI to receive HBOT and participate in a study of the effectiveness of HBOT

TBI Quality of Care (cont.)

- **Measures of Success:**
  - Ensuring follow-up care for blast-exposed and concussed service members:
    - Navy Medicine plans with unit medical officers to ensure returning service members who have been identified as blast exposed or concussed receive an initial follow-up evaluation upon return, are properly tracked, and receive appropriate referrals
    - Working with I Marine Expeditionary Force (I MEF) and Hawaii- based units to ensure those seen at the Concussion Restoration Care Center in Afghanistan receive follow-up evaluations and are properly tracked
  - Directive Type Memorandum 09-033, “Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting” in comparison with blast tracking in the Combined Information Data Network Exchange (CIDNE) blast event tracking system
  - DTM-based reported numbers of concussed service members in comparison to actual diagnosed cases of concussion
  - Proper coding of concussion in theater
  - Percent of coded mTBI patients with follow-up within 6 weeks (Proposed)

TBI Surveillance and Screening

- **Success defined as identification and communication of deployment health associated health threats for warriors and families**
- **Key Initiatives:**
  - ANAM Pre- and Post-Deployment Testing
    - Improved compliance rates for both Marine Corps and Navy pre-deployment ANAM testing, as well as increased use of ANAM in theatre and post-deployment to assess possible neurocognitive deficits secondary to a blast event or TBI. Over 76,000 tests given since program inception
  - Post-Deployment TBI Surveillance
    - Sampling of high risk combat populations for concussion and blast exposure
    - Over 600 service members completed screening in FY10-FY11
  - Defense Automated Neurobehavioral Assessment (DANA)
    - Development of a field-tested handheld assessment device to aid in frontline concussion and combat stress assessment in multiple theatre environments
  - Breacher Surveillance Effort
    - Cognitive testing and clinical evaluation of senior Breachers with high levels of lifetime explosive blast exposure
  - ANAM and Neuropsychological Testing Correlation
    - Comparison of ANAM test results with full neuropsychological screening battery results to identify the effectiveness of using ANAM as a screening instrument
  - Surveillance of TBI in Military Personnel
    - Construction of a computer-assisted rehabilitation environment (CAREN) laboratory to develop markers of mild TBI to enhance surveillance and rehabilitation strategies
  - Head-to-Head study in theater of automated neurocognitive tests against traditional tests in non-injured, concussed, musculoskeletal injure personnel

TBI Surveillance and Screening (cont.)

- **Measures of Success:**
  - Improved tracking of diagnosed cases of TBI
  - Built infrastructure and framework that allows active engagement with Navy Marine Corps Public Health Center (NMCPHC) and Naval Health Research Center (NHRC) to develop and analyze regular TBI surveillance data

Sharing Best Practices

- Establishing standardized levels of TBI care and services available per level for Navy MTFs throughout the enterprise
  - Based on DoD validated definitions
- Instituting dedicated TBI care management process for complex TBI cases using multi-disciplinary treatment planning and team care conferences
- The Office of Neurotrauma (ONT) demonstrated way of tracking cases is currently being expanded to the East Coast
- Defense Veterans Brain Injury Conference (DVBIC) expansion
- The National Intrepid Center of Excellence (NICoE) conducts research, tests new protocols, and provides comprehensive training and education to patients, providers, and families

Integrated Disability Evaluation System (IDES)

A Collaboration with Secretary of the Navy

Integrated Disability Evaluation System (IDES)

- Topics:
  - Process and Timeline Goals
  - Medical Evaluation Board
  - Enrollment
  - Total Case Processing Time
  - Defining Successes for IDES
  - Measuring Successes for IDES
  - Measuring Effectiveness
  - Sharing Best Practices

IDES Process and Timeline Goals


Examine


Rate


Transition

Reintegrate or Separate


Compensate

DoD


Examine


Rate


Compensate

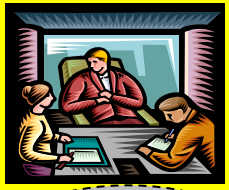
VA

Treatment

Service member is wounded, ill, or injured

Physician assesses and treats Service member

MEB



One Physical

Physical Exam (45 days)

Case Development (35 days)

Admin and Record transit (20 days)

PEB

Informal Board (15 days)

Formal Board (30 days)

Appeal (30 days)

Admin and Record transit (15 days)

VA Rating

Single Rating Agency

Proposed Rating (15 days)

Rating Reconsideration (15 days)

Transition

Seamless Transition

Finalize DES Disposition

Process to Unit or for separation

Reintegrate

Return to Duty

OR

Separate

VA benefits letter one month following separation

VA Appeals

Up to 1 year	100 days	120 days	45 days	30 days

Total = 295 days

Medical Evaluation Board

100 DAYS

DES REFERRAL

- Service member is wounded, ill, or injured
- Physician Refers member into IDES Program
- Enroll as new pilot case in VTA database

PEBLO COUNSELING

- Orient member to IDES Process
- Begin VA Claim Form
- Copy complete health records
- Schedule VA MSC appt

VA MSC APPT

- VA Claim Form completed
- MSC validates referred and claimed conditions
- MSC schedules examinations
- PEBLO informs member of C&P appointments.

MEDICAL EVAL

- Comprehensive exam(s) at VA
- Addresses all referred and claimed conditions

- Exam results downloaded and sent to PEBLO

NARSUM/ MEBR

- PEBLO receives VA exam results
- PEBLO forwards exam results to referring physician and requests NARSUM
- CA signs, member right to rebutt NARSUM

MEB Completion

- Finalize MEB case file
- Case submitted to PEB
- VA rates unfit conditions
- PEBLO informs member of findings and election of options

10 DAYS | 10 DAYS | 45 DAYS | 35 DAYS

Enrollment in IDES

- Enrollment data encompasses 15 out of 20 CONUS Navy Medicine MTFs currently participating in IDES.
- Remaining 5 CONUS MTFs will be online as of 30 June.
- OCONUS MTF plan to be implemented by 30 September 2011.

	NAVY	USMC	DoD Total
Current Cumulative Enrollment	**2046**	**3263**	**16744**
Currently Enrolled in IDES	**1390**	**2554**	**12044**
Cases Completed	**656**	**709**	**4037**

Defining Success for IDES

- Ensuring that 100% of Service Members separating due to medical causes receive disability benefits within 30 days of separation.
- Measurement of Timeliness as goal for case processing
- Focusing on Service Member Satisfaction is paramount throughout the process.
- Standardized implementation and coordination across the Enterprise, as well as collaboration with VA services.

Measuring Success for IDES

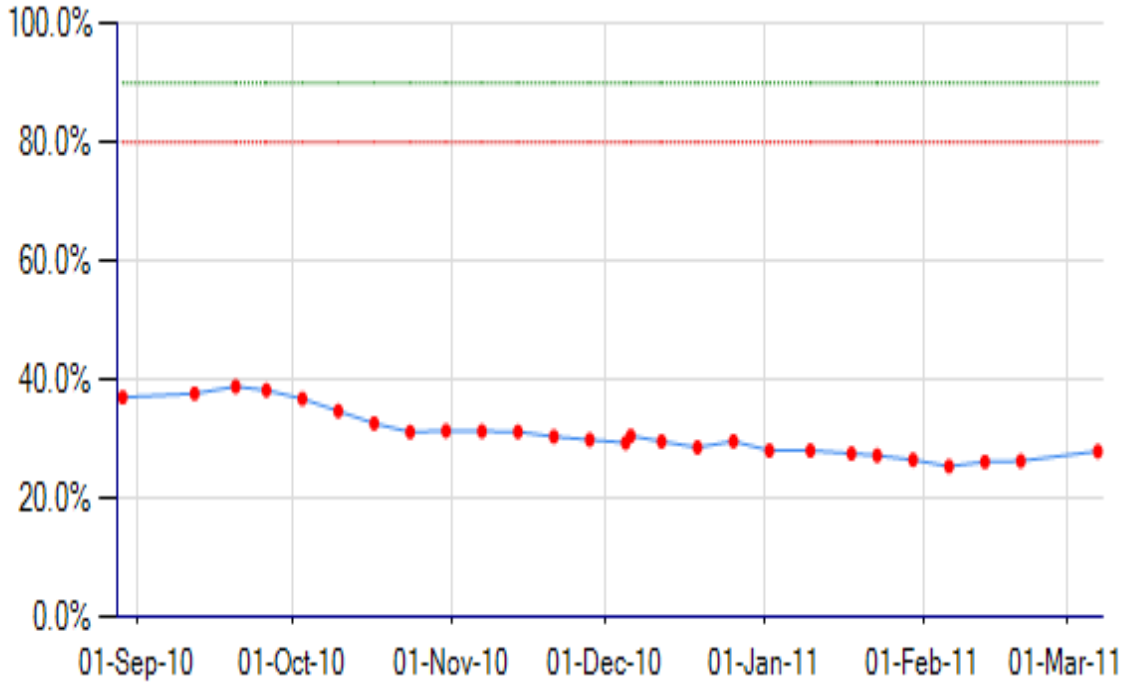
- 100% of Service Members processed through IDES receive disability benefits 30 days after separation.
  - All cases will be processed through IDES by end of FY2011.
- No loss of legal rights of the service member
  - Legal representation offered to every SVM
- Measurement of timeliness of process
  - Tracked across enterprise by phase of system
  - Allows for focused solutions

Measuring Timeline for IDES

	Navy		Marine Corps		DoD Mean	
	AC	RC	AC	RC	AC	RC
1. Referral; *Goal: AC 10 / RC 30 Days*	15	15	17	16	12	11
2. Claim Development; *Goal: Ac 10 / RC 30 Days*	5	5	7	5	7	11
3. Medical Evaluation; *Goal: 45 Days*	54	62	63	62	70	69
4. Medical Evaluation Board (MEB); *Goal: 35 Days*	48	46	68	66	67	79
MEB Phase (Stages 1 – 4); *Goal: AC 100 / RC 140 Days*	117	123	148	141	148	157
5.1 Informal PEB; *Goal: 15 Days*	87	88	102	108	69	69
5.2 Preliminary Rating Board; *Goal: 30 Days*	49	59	53	57	39	42
5.3 Rating Reconsideration Panel; *Goal: 30 Days*	16	33	23	23	14	18
5.4 Formal PEB; *Goal: 30 Days*	76	118	77	81	56	61
5.5 FPEB Appeal; *Goal: 30 Days*	19		117	24	60	21
PEB Phase (Stage 5); *Goal: 120 Days*	112	136	121	127	83	84
Transition Phase (Stage 6); *Goal: 45 Days*	78	73	75	79	50	50
VA Benefits Phase (Stage 8); *Goal: 30 Days*	43		37		34	
RC Total (Referral to VA Benefits Transmission); *Goal: 305 Days*		362		371		311
AC Total (All Stages) Incls Leave; *Goal: 295 Days*	352		352		320	

Measuring Timeline for IDES

- IDES - % of Cases at or below 35 day MEB Stage goal



Cases <= 35 days:	**27.88 %**
Cases <= 35 days:	150
Cases in last 120 days:	538
Period:	07 Mar 2011

Navy
Source: Veteran's Tracking Application (VTA)

Service Member Satisfaction

- Surveys offered to all IDES service members
- Significant improvement over Legacy IDES

% Satisfied with Fairness	MEB		PEB	
	IDES	Legacy	IDES	Legacy
Marine Corps	85%	68%	80%	70%
Navy	81%	63%	80%	65%
% Satisfied with Care and Case Management				
Marine Corps	71%	70%	78%	71%
Navy	76%	67%	78%	66%

Sharing Best Practices

- Collaboration between WWCTP, Armed Service Medical HQs, VBA, VHA, and Regional and local MTFs to ensure:
  - Standardized implementation schedule and checklists and periodic review
  - Resource pool for queries regarding best practices (eg: IT integration, CAC access, work space considerations, time/travel standards)
  - Clear communications and expectations between parties
- Establishment of Training Team
  - Allows for regional SME on-site training for implementation and review of all practices
- Dissemination of Contact Information
  - Permits real-time dialogue for solutions
- Abbreviated NARSUM pilot
  - Designed to eliminate excess dictation and transcription time, currently test of concept at NH Camp Lejeune
  - MEB timeline will be measured and compared to other MTF